Complete Summary

GUIDELINE TITLE

2002 national guideline on the management of scabies.

BIBLIOGRAPHIC SOURCE(S)

Association for Genitourinary Medicine (AGUM), Medical Society for the Study of Venereal Disease (MSSVD). 2002 national guideline on the management of scabies. London: Association for Genitourinary Medicine (AGUM), Medical Society for the Study of Venereal Disease (MSSVD); 2002. Various p. [7 references]

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Scabies

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Infectious Diseases
Obstetrics and Gynecology
Urology

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To present a national guideline on the management of scabies

TARGET POPULATION

Patients in the United Kingdom with scabies

INTERVENTIONS AND PRACTICES CONSIDERED

Assessment/Diagnosis

1. Assessment of clinical features
2. Microscopic examination of scrapings taken from burrows

Management/Treatment

1. General advice and patient education
2. Further investigation of sexually transmitted infections in the sexually active
3. Creams and lotions
    - Permethrin 5% cream
    - Malathion 0.5% aqueous lotion
    - Crotamiton cream
4. Antihistamines to relieve itching
5. Oral ivermectin
6. Management of potentially contaminated clothes and bedding
7. Management of sexual and household or institutional contacts
8. Follow-up

MAJOR OUTCOMES CONSIDERED

- Efficacy of treatment
- Re-infection rates

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Medline (U.S. National Library of Medicine) was searched for the years 1966-1997 using the keywords "scabies/th", "scabies/dt", "lindane/tu", "permethrin/tu", "malathion/tu" [th = therapy; dt = drug therapy; tu = therapeutic use].

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence:

Ia

- Evidence obtained from meta-analysis of randomised controlled trials

Ib

- Evidence obtained from at least one randomised controlled trial

IIa

- Evidence obtained from at least one well designed controlled study without randomisation

IIb

- Evidence obtained from at least one other type of well designed quasi-experimental study

III

- Evidence obtained from well designed non-experimental descriptive studies such as comparative studies, correlation studies, and case control studies

IV

- Evidence obtained from expert committee reports or opinions and/or clinical experience of respected authorities

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The revision process commenced with authors being invited to modify and update their 1999 guidelines. These revised versions were posted on the website for a 3 month period and comments invited. The Clinical Effectiveness Group and the authors concerned considered all suggestions and agreed on any modifications to be made.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Grading of Recommendations:

A (Evidence Levels Ia, Ib)

- Requires at least one randomised controlled trial as part of the body of literature of overall good quality and consistency addressing the specific recommendation.

B (Evidence Levels IIa, IIb, III)

- Requires availability of well conducted clinical studies but no randomised clinical trials on the topic of recommendation.

C (Evidence Level IV)

- Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities.
- Indicates absence of directly applicable studies of good quality.

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The initial versions of the guidelines were sent for review to the following:

- Clinical Effectiveness Group (CEG) members
- Chairs of UK Regional GU Medicine Audit Committees who had responded to an invitation to comment on them
- Chair of the Genitourinary Nurses Association (GUNA)

- President of the Society of Health Advisers in Sexually Transmitted Diseases (SHASTD)
- Clinical Effectiveness Committee of the Faculty of Family Planning and Reproductive Health Care (FFP).

Comments were relayed to the authors and attempts made to reach a consensus on points of contention with ultimate editorial control resting with the Clinical Effectiveness Group. Finally, all the guidelines were ratified by the councils of the two parent societies.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definitions of the levels of evidence (I-IV) and grades of recommendation (A-C) are repeated at the end of the "Major Recommendations" field.

Diagnosis

- The clinical appearance is usually typical, but there is often diagnostic confusion with other itching conditions such as eczema.
- Scrapings taken from burrows may be examined under light microscopy to reveal mites.

Management

General advice

- Patients should be advised to avoid body contact until they and their partner(s) have completed treatment and follow-up.
- Patients should be given a detailed explanation of their condition, and clear and accurate written information on applying the treatment.

Further investigation

- Other sexually transmitted infections may be present, although the precise risk is not clear.
- A full screen for these should be considered in the sexually active.

Treatment

Recommended regimens

- Permethrin 5% cream (level of evidence Ib, grade of recommendation A).
- Malathion 0.5% aqueous lotion (IV, C).
- These should be applied to the whole body from the neck downwards, and washed off after 12 hours, usually overnight.
- Itch may persist for several weeks.
- Application of crotamiton cream may give symptomatic relief.
- Antihistamines may also be helpful in relieving itch.

- Potentially contaminated clothes and bedding should be washed at high temperature (>50 degrees C) if possible.
- Mites separated from the human host die after 72 hours.

There are case reports on the use of oral ivermectin in a dose of 200 micrograms/kg in the treatment of Norwegian scabies (Meinking et al., 1995; Corbett et al., 1996). Two randomised controlled trials comparing ivermectin with lindane (Chouela et al., 1999) and permethrin (Usha & Gopalakrishnan Nair, 2000) show comparable efficacy in non-crusted scabies. However, ivermectin is not licensed for this purpose in the United Kingdom and there have been concerns about toxicity (Barkwell & Shields, 1997).

Pregnancy and breast feeding

Permethrin is safe during pregnancy or breast-feeding.

Sexual partners

Sexual and household or institutional contacts should also be treated.

An arbitrary time span widely quoted is for contacts from the previous 2 months to be traced.

Follow-up

No clear evidence exists as to optimal follow-up.

The appearance of new burrows at any stage after treatment is indicative of a need for further therapy.

Definitions

The following rating scheme was used for major management recommendations.

Levels of Evidence

Ia

- Evidence obtained from meta-analysis of randomised controlled trials

Ib

- Evidence obtained from at least one randomised controlled trial

IIa

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IIb

- Evidence obtained from at least one other type of well designed quasi-experimental study

III

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Grading of recommendations

A (Evidence levels Ia, Ib)

- Requires at least one randomised controlled trial as part of the body of literature of overall good quality and consistency addressing the specific recommendation.

B (Evidence levels IIa, IIb, III)

- Requires availability of well conducted clinical studies but no randomised clinical trials on the topic of recommendation.

C (Evidence level IV)

- Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities.
- Indicates absence of directly applicable studies of good quality.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

References open in a new window

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is graded and identified for select recommendations (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Appropriate management of patients with scabies
- Decreased re-infection rates

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

Two randomised controlled trials comparing ivermectin with lindane and permethrin show comparable efficacy in non-crusted scabies. However, ivermectin is not licensed for this purpose in the United Kingdom and there have been concerns about toxicity.

Although there is evidence of efficacy, lindane is no longer available in the United Kingdom.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The Clinical Effectiveness Group reminds the reader that guidelines in themselves are of no use unless they are implemented systematically. The following auditable outcome measures are provided:

- Re-infection rates
- In institutional outbreaks, number of secondary cases or time to end of outbreak, defined as 1 month after last case treated.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Association for Genitourinary Medicine (AGUM), Medical Society for the Study of Venereal Disease (MSSVD). 2002 national guideline on the management of scabies. London: Association for Genitourinary Medicine (AGUM), Medical Society for the Study of Venereal Disease (MSSVD); 2002. Various p. [7 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1999 Aug (revised 2002)

GUIDELINE DEVELOPER(S)

British Association of Sexual Health and HIV - Medical Specialty Society

SOURCE(S) OF FUNDING

Not stated

GUIDELINE COMMITTEE

Clinical Effectiveness Group (CEG)

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Author: Gordon Scott

Clinical Effectiveness Group (CEG) Members: Keith Radcliffe (Chairman); Imtyaz Ahmed-Jushuf; Jan Welch; Mark FitzGerald; Janet Wilson

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Conflict of Interest: None

GUIDELINE STATUS

This is the current release of the guideline. This guideline updates a previously released version.

An update is not in progress at this time.

GUIDELINE AVAILABILITY

Electronic copies: Available in HTML format from the Association for Genitourinary Medicine (AGUM) Web site. Also available in Portable Document Format (PDF) from the Medical Society for the Study of Venereal Diseases (MSSVD) Web site.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- UK national guidelines on sexually transmitted infections and closely related conditions. Introduction. Sex Transm Infect 1999 Aug;75(Suppl 1):S2-3.

Electronic copies: Available in Portable Document Format (PDF) from the Medical Society for the Study of Venereal Diseases (MSSVD) Web site.

The following is also available:

- Revised UK national guidelines on sexually transmitted infections and closely related conditions 2002. Sex Transm Infect 2002;78:81-2

Print copies: For further information, please contact the journal publisher, BMJ Publishing Group.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on December 8, 2000. The information was verified by the guideline developer on January 12, 2001. This summary was updated on August 5, 2002.

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